

Continuation Form

Dated August 26, 1981

To be completed whenever a standard PORS form does not provide adequate space for the required entry.

NELSON BETTY 068535
DOB 12 26 1925 NONE 681
PC A F W 7 29 1981
TARRANT WARD
COMM BY BEXAR SASH

It is anticipated that the patient will need continual follow up for her cardiac condition. Improvement during her hospitalization was noted from the point of view that when she came into the hospital her lower extremities were greatly swollen and after a short course of Dyazide, this condition resolved and there was no swelling at the time of discharge.

R. D. Potterf, M.D.
R. D. Potterf, M.D.
Staff Psychiatrist
Travis Hall

RDP/sld

Rec'd: 9/4

Typed: 9/9

Signature

Psychiatric Evaluation

Names and addresses of relatives and other responsible persons are found in the Demographic Data subsection of the Data Base. Medical history is found in the Medical Evaluation subsection of the Data Base. Refer to Social History for historical data and to the Prior Summaries subsection of the Data Base for more extensive information on previous treatment.

NELSON B-TTY 068535
DOB 12 26 1925 NONE 681
PC A F W 7 29 1981
TARRANT WARD
COMM BY BEXAR SASH

DATE: August 6, 1981

CHIEF COMPLAINT: "A doctor asked me to go in for an evaluation."

INFORMANT: Patient herself who is considered somewhat unreliable due to memory deficit.

PRESENT ILLNESS: Patient is a 55-year-old, Caucasian female widowed 9/8/72, currently living at the Salvation Army in Fort Worth since May. Recently she came to San Antonio on July 1, 1981 and has been staying at the Salvation Army where she pays for her room and board at the rate of \$150 per month. The money comes from a social security check that she receives for her disability. There has been no prior hospitalization here at SASH however, the patient has several hospitalizations at the John Peter Smith County Hospital in Fort Worth with the latest being in 1977 for five weeks where she said she was treated "for hyperreligiosity." Patient claims that frequently her daughter petitions for her to be placed in the hospital and has had a very stormy relationship with her son who she says she use to beat regularly with a board. Patient makes very bizarre statements such as, "My mind is not a mind, it is a channel, and people block my channel." Patient also verbalizes the statement over and over during the interview, "caring is sharing." She has had a history of having been treated with Haldol and then she had a toxic reaction when combined with Lithium. Patient claims that when she was taking Lithium, her left arm would shake.

MENTAL STATUS EXAM: The patient came into the interview dressed in beret, knitted shawl, straight hair cut in pageboy style, with rapid speech. Mood is hypomanic with appropriate affect. She is oriented times three and exhibits a decreased recent and intermediate memory recall. Patient talks in fairly loose association with hyper-religiosity and expresses the delusion of mind control that she feels people are taking thoughts out of and putting thoughts into her mind. Patient gave very autistic replies to similes of bike and car, saying, "I would push the pedals on the bike fast and push the pedals on the car slow." Patient also is concrete with response to similarity of apple and banana stating they both would have peels. Patient was not able to retain form and in doing proverbs stated her response to the proverb glass houses, "We all live in glass houses and are watched by other people." The parable grass is greener was replied to by, "It won't be green if we all wear shoes and wear it out." Judgement appears to be severely impaired in this individual as well as insight into her illness.

PERTINENT PSYCHIATRIC HISTORY: No recent psychiatric records are available at this time but will be sent for.

PERTINENT MEDICAL HISTORY: The patient has a history of rheumatic heart fever as a child at age 12, now has rheumatic valvular involvement of the heart. Patient also had a history of having scarlet fever and had scarring and decreased hearing in the right ear, secondary to this childhood infection. She had a right ear mastoidectomy on May 5, 1980 without any improvement in hearing. Patient admits no allergies but does detail toxic reaction to Haldol and Lithium. Patient has not been careful about her diet, eats excess salt and has not been on any cardiac medications. Current presentation is with lower extremity edema, suggestive of early cardiac failure.

CONTINUED

BN000039

Continuation Form

Dated August 6, 1981

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TARRANT WARD
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DIAGNOSIS: AXIS I MAJOR AFFECTIVE DISORDER, BIPOLAR, MIXED 296.64
AXIS II DEFERRED 799.90
AXIS III RHEUMATIC HEART DISEASE WITH VALVULAR INVOLVEMENT
MASTOIDECTOMY WITH HEARING LOSS ON RIGHT
AXIS IV MILD PSYCHOSOCIAL STRESSORS
AXIS V GOOD FUNCTIONING IN THE PREVIOUS YEAR

R. D. Potterf M.D., Ph.D.
R. D. Potterf, M.D.
Staff Psychiatrist
Travis Hall

RDP/sld

Rec'd: 8/6

Typed: 8/6

Signature

Psychological Evaluation

NELSON, BETTY 0 6 8 5 3 5

TRAVIS HALL

Reason for Referral:

Service Requested:

☐ Neuropsychological Battery
☒ Other Psychological Assessments

Signature:

Request
Date:

DATE TESTED: August 6, 1981

REFERRAL SOURCE AND QUESTIONS: This is a first S.A.S.H. admission for this 55 year-old, widowed, Caucasian woman, with an 11th grade education. The patient reports several hospitalizations in Fort Worth, Texas for "hyperreligiosity." The patient was unable to give a coherent account of why she was in the hospital, showing loose associations and hyperreligiosity. Ms. Nelson was referred for routine psychological evaluation to assist in diagnosis and treatment planning.

BASIS FOR EVALUATION: Peabody Picture Vocabulary Test (PPVT), Memory-For-Designs (MFD), Minnesota Multiphasic Personality Inventory (MMPI-168, oral), and Sentence Completion Test (oral).

SUMMARY OF OBSERVATIONS: When seen for testing on July 30, 1981, the patient was hyperactive and resistant. She was unable to attend to tests and unwilling to accept assistance from the technicians. She was seen again on August 6, at which time she was cooperative and friendly. She did complain of poor eyesight, and for this reason the tests were administered orally. She talked about being bored and stated that the technician was being defensive, because of the way she had her legs crossed. She needed to be encouraged to limit her responses to either true or false on the MMPI as she attempted to justify her answers and went off on a tangent about several of the questions. She was oriented to date and place. Her speech was clear, but irrelevant at times. Her psychomotor activity, and her affect were normal.

SUMMARY OF TEST RESULTS: Performance on the Peabody resulted in an I.Q. score of 116, which falls within the Bright Normal Range of adult intelligence. This suggests that the patient is suffering from some rather extreme functional impairment, as she was unable to attend to the more sophisticated intellectual measures, despite a high level of intelligence.

Performance on the MFD resulted in a raw score of five (5), which falls within the Borderline Range of visual-motor memory function. This again suggests that the patient was experiencing some functional impairment, and that she was unable to perform at her best.

Performance on the MMPI resulted in a valid profile, Welsh Code: 689-520134/7: LK/F-. This profile falls entirely within the Normal Range, although it does suggest

Continuation Form

Dated September 21, 1981

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NELSON, BETTY 0 6 8 5 3 5

TRAVIS HALL

the tendency to be rather suspicious and hostile towards others, and to experience unusual thinking. Because the profile falls within the Normal Range, no further interpretations will be attempted.

Performance on the Sentence Completion Test reflects some unusual and autistic thinking. The patient makes several allusions to "walking the invisible line of truth." She appears to be experiencing some religious preoccupation, and denies having any problems or difficulties.

DIAGNOSTIC IMPRESSION: Although the patient was overtly psychotic on admission, objective test data do not assist in clarifying between a Schizophrenic and a Mood Disorder diagnosis. A definitive diagnostic impression is therefore deferred, based on lack of objective data.

RECOMMENDATIONS: When the patient begins to show some ability to think and concentrate, she should be encouraged to participate in Group Psychotherapy and Occupational Therapy activities. She may benefit from an opportunity to express her feelings and concerns about the problems which she has been experiencing.

Karen S. Berkowitz
Signature Karen S. Berkowitz, Ph.D.
Clinical Psychologist

Mental Retardation Authority
W/F DOB 12-26-25

CLIENT
NAME BETTY FAY NELSON

DATE 3-29-77

CLINICAL INTAKE SUMMARY

This individual was seen for the initial intake at the Summit Facility of MHMR on 29 March 1977. She was accompanied by her older daughter and her son. She was referred to our agency by Elmwood personnel. She came mainly because her children wanted her to come and because the Elmwood people told her that she needed to come.

DESCRIPTION OF THE PROBLEM: A discharge summary from Elmwood has not been received, but the daughter described a lot of schizophrenic kind of behavior and some psychotic kinds of loss of touch with reality. She said that her mother had acted in a very bizarre manner, particularly after her husband's death and the loss of her grandparents and the loss of her job. She talked in the session in a fashion that indicated she was in and out of touch with reality and had great difficulty staying with the conversation. The daughter had mentioned to an earlier interviewer that she thought that her mother was manic-depressive and was on lithium and being regularly checked for Lithium blood levels. There seems to be some confusion at this point as to just what dx she has and just what the basic problem is.

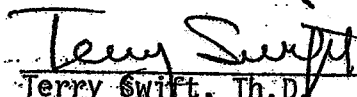
PAST/PRESENT TREATMENT AND/OR MEDICATION: The daughter indicated that she had been involuntarily committed to Elmwood by a mental health warrant from the daughter. She was there for approximately 7 weeks. The mother indicated to the intake receptionist that she was currently on Haldol 10 mg. at bedtime, Cogentin 2 mg. bid, Eskalith 300 mg. tid, and Colace 50 mg. bid.

MENTAL STATUS EXAM: This individual looked her stated age of 51 and was fairly neatly dressed and groomed. Her response to the interview was on the surface appropriate but she had great difficulty responding directly to the questions in a coherent or rational manner. Her mood and affect appeared to be somewhat suspicious and anxious and somewhat inappropriate for the occasion. Her thought content appeared to contain a lot of persecutory material as well as schizophrenic kinds of thinking and expression and according to the daughter also some hallucinatory kinds of material. Her orientation to person time and place appeared to be limited. Her insight and judgment also appear to be impaired at this point. Her I.Q. appears to be average and she indicated that she had completed 11 years of schooling.

SIGNIFICANT PAST HX: Very little information was collected about past hx because of the bizarre nature of her conversation. The daughter did indicate that she had gone away to Calif. to get out of a difficult family situation and had come back home finding things really in a lot of confusion and turmoil and pretty bizarre. She said that her mother and father argued constantly. She said that the mother and father separated and the mother was quoted as saying that she was praying that the father die because God had told her this would be best. She became somewhat fanatically religious and got involved in a lot of bizarre acts such as praying all day and cutting her hair off and burning it and other such things. The father did die and Betty's grandparents also died and she lost a job all within a fairly short space of time and her behavior became even more bizarre it seemed after this. The daughter finally decided she had lost touch with reality so much that she needed to get a mental health warrant to have her committed to Elmwood. She was committed to Elmwood, stayed approximately 7 weeks, was released with quite a bit of medication and referred to our agency. The 17 year old son has continued to live with her during this but the daughter feels that this is a very unhealthy and difficult situation for him to be in. He seems to have violent rages and can become very destructive and she was very concerned about his behavior also. The mother's behavior still seems to be somewhat bizarre and there are a lot of other details that are not mentioned in this report that should be included in the discharge summary as well as in the intake receptionist's notes.

PSYCHODYNAMIC FORMULATION: ... At this point the only thing that seems to be clear is that there is a great deal of marital stress and strife and the mother indicated that her husband was on Thorazine for some 10 years. She mentioned some kind of bizarre story about after he died that she found out she was pregnant and had an abortion because she was afraid of the side effects of Thorazine from her husband. There does appear to be a great deal of anger on her part about the way he treated her and both of the parent's seem to have had a lot of sick behavior and thinking which all culminated in the death and the traumatic circumstances that came in this short period of time.

RECOMMENDATIONS AND PROGNOSIS: The older daughter wanted the mother to come for therapy because she felt like the medication was only covering things over. The mother said that she was not really sure she needed help and wanted to give the medication a chance. I suggested that she see the nurse and then the doctor and if the doctor suggested that she needed therapy then we could proceed from there. She agreed to that and said that she would like to get the psychiatrist's opinion and if he thought therapy would be helpful then she would be willing to come. The children said that they would also be willing to come to see if they could be of help in straightening things out and getting them on a more even keel. I did not want to force this lady into therapy but I definitely felt that she very much needs help but she needs to have her medication adjusted first so that therapy might be more effective and might be able to proceed.


Terry Swift, Th.D.
Family Therapist

TS:j 3-30-77

NELSON, BETTY

06/10/80

06/10/80

06/13/80

F

TRINITY VALLEY MHMR-CENTR

62224

1319 SUMMIT AVE.
FT WORTH TX 76102

392843

TEST NAME

RESULT

UNITS

REFERENCE RANGE

TEST NAME	RESULT	UNITS	REFERENCE RANGE
C01 LITHIUM, SERUM	* (01) 1.25	MEQ/L	.60-1.50
CALL TEST	* (02)	RESULTS	TO FOLLOW

(01) LITHIUM THERAPEUTIC RANGE 0.6 - 1.5 MEQ/L
 (02) AT LEAST ONE LABORATORY PROCEDURE YOU ORDERED IS IN QUESTION. PLEASE EXPECT A TELEPHONE CALL FROM ONE OF OUR REPRESENTATIVES. IF OUR REPRESENTATIVE HAS ALREADY BEEN IN CONTACT WITH YOUR OFFICE OR LABORATORY, PLEASE DISREGARD THIS MESSAGE.

INCOMPLETE REPORT
 FINAL REPORT TO FOLLOW

Received 6-13-80
 Community Services Unit
 Trinity Valley MHMR Authority

JOSEPH E. BRIEN, M.D.
 PAUL A. KRIEGER, M.D.

NELSON, BETTY

06/10/80

06/10/80

06/12/80

F

TRINITY VALLEY MHMR-CENTR

62224

1319 SUMMIT AVE.
FT. WORTH TX 76102

392843

TEST NAME

RESULT

UNITS

REFERENCE RANGE

C07

LITHIUM, SERUM

*(01)

1.25

MEQ/L

RESULTS

TO FOLLOW
.60-1.50

(01)

LITHIUM

THERAPEUTIC RANGE

0.6 - 1.5

MEQ/L

INCOMPLETE REPORT
FINAL REPORT TO FOLLOW

Received

6-13-80

Community Services Unit
Trinity Valley MHMR Authority

Joseph E. O'Brien M.D.

JOSEPH E. O'BRIEN, M.D.
PAUL A. KRIEGER, M.D.

NELSON, BETTY F

02/07/80

02/07/80

02/08/80

62224

TRINITY VALLEY MHMR-CENTR

1319 SUMMIT AVE.
FT. WORTH TX 76102

331490

TEST NAME	RESULT	UNITS	REFERENCE RANGE
LITHIUM, SERUM	0.60	MEQ/L	0.60-1.50
(01) LITHIUM THERAPEUTIC RANGE	0.6 - 1.5	MEQ/L	

Received 2-8-80
Community Services Unit
Trinity Valley MHMR Authority

ash

Joseph E. O'Brien M.D.

BN000057
JOSEPH E. O'BRIEN, M.D.
PAUL A. KRIEGER, M.D.

MCTPATH

MAR 31 1987

Betz

Nelson

2-14-87
 Jones - F.W. by herself. - for 803
 to school - Dallas - hearing about
 repairing copy machines.
 Eat & sleep well - not eating properly -
 not very active. Just watches T.V. & listens
 to stationing cycles. No friend.
 Personified

Personality characterized.
 On appropriate laugh & aspect.
 Loud speaking - & to for subject to
 Subject.
 Idols - false 803 -
 Jones & aspect lacking.

3-31-87

Dr. Arango did not complete notes, due
 to his death.

Mary L. Cuad
 Clerk III

JANUARY COURT REPORTING SERVICE
MENTAL RETARDATION SERVICESPROGRESS NOTES - MEDICAL

Client Case Number

Client Name

114 444
Betty Nelson

DATE PROB. #

NOTES

Jan 28/84

7

Jewards

5-27-87 DNKA

Susan Bonner

MENTAL RETARDATION SERVICES

Client Case Number

Client Name

917-117
Ditty Nelson

PROGRESS NOTES - MEDICAL

DATE	PROB. #	NOTES
3-11-86		Reschedule this appt. she asked if her appt could be set for June. Said she had plenty of mds till then. Has not received any mds from clinic since 9/85. Was rescheduled for 3/8/86. SAR Bullock
3/18/86		Doing fairly well. Still withdrawn & seclusive & somewhat paranoid. Well oriented. Affect remains dull. Denies hallucinations. Voice no special complaints. Rx = R.T.C. X hrs. arranged
6/18/86		Continues doing well. Eat & sleep adequately. Remains seclusive & somewhat paranoid. Denies hallucinations. Offers no complaints. Rx = R.T.C. X hrs. arranged
9/10/86		Cancelled appt. arranged
9/16/86		Cancelled appt. arranged
11/20/86		Cancelled appt. arranged

MENTAL RETARDATION SERVICES

PROGRESS NOTES - MEDICAL

Client Name

Beth Nelson

DATE	PROB. #	NOTES
12/10/85		Quiet + cooperative. Eating + sleeping adequately - In good contact. Affect is dull + mood is neutral. Judgment + insight are equivalent. No special complaints.
1/13/86		P.R.T. X/1/86 arranged phone call - very angry that med. increased in price. She cannot pay more than the \$3 per mo. that she had been paying - med. now cost \$5.55 per mo. - says she has enough to last til next visit - also very angry that I did not happen to be in the office the day she saw the doctor - seems unable to tolerate any change whatever - explained why we had to increase the price but she was not willing to accept that either - told her we would work it out when she comes back to the MD 3 mos hence - 75 med. til then (Beth Nelson)
2/11/86		Cancelled appt. arranged
3-11-86		Reported by parent desk staff that when client called to

TARRANT COUNTY MENTAL HEALTH
MENTAL RETARDATION SERVICES

Client Case Number

Client Name

914999
Betty Nelson

PROGRESS NOTES - MEDICAL

DATE	PROB. #	NOTES
2/15/85		Doing about the same. Superficially cooperative, but won't reveal much about her inner problems. Not very active during the day & her own pastime is watching soap operas, etc. Judgment & insight are clouded. R.V.C. XII wks. RX2 O arranged
6/11/85		Quiet & cooperative. Remains with drug & apathetic. Watches TV most of the time. Affect is dull & mood is neutral. Denies hallucinatory experiences, but seems to be somewhat paranoid. Offers no complaints. R.V.C. XII wks. RX2 O arranged
9/10/85		Neat & clean. Obs & he doing satisfactorily. Exercises in stationary bicycle daily. Still somewhat paranoid & withdrawn. Socialization is nil. Judgment & insight are unclear. R.V.C. XII wks. RX2 O arranged

MENTAL RETARDATION SERVICES

PROGRESS NOTES - MEDICAL

Client Name

Betty Nelson

DATE	PROB. #	NOTES
6/15/84		<p>Pt. sat on hr. late for her appt. because of transportation problems. Neat & clean, but still somewhat withdrawn & apprehensive. Showing some improvement in her affect, & even complimented me on my jacket, etc. No special complaints at this time.</p> <p>R.T.C. XII Wks.</p> <p>EX-2</p> <p>Adams</p>
9/4/84		<p>"Doing pretty good" neat, clean & cooperative. Eat & sleep adequately. Denies hallucinations. Just talks about her son, but doesn't mention her daughter who he says has married for much in her business, etc. Judgment & insight are degenerate.</p> <p>R.T.C. XII Wks.</p> <p>EX-2</p> <p>Adams</p>
12/4/84		<p>Still having transportation problems & sat late for appt. Claims to be doing satisfactorily. Affect remains blunted & Pt. is rather withdrawn & apathetic. Socialization is non-existent. No complaints.</p> <p>R.T.C. XII Wks.</p> <p>EX-2</p> <p>Adams</p>

MENTAL RETARDATION SERVICES

Client Name

PROGRESS NOTES - MEDICAL

Betty Nelson

DATE	PROB. #	NOTES
9/15/83		Neat + clean but rather withdrawn + not very communicative. Went to the Day Activity Program, but did not participate + remained isolated. Negative in her thinking + somewhat paranoid. Rx R.T.C. 12 wks. a Arango
12/16/83		Doing about the same. Neat + clean, + to certain extent cooperative, but rather withdrawn + suspicious. Severe hallucinatory experiences. No special complaints. Rx R.T.C. 11 wks. a Arango
3/6/84		Doing fair. Remains withdrawn + negative. Was contacted by personnel in the Social Club but Pt. declined to join them. Just stays home + watches T.V. + doesn't want to do anything else. Judgment + insight are clouded. Rx R.T.C. 11 wks. a Arango

PROGRESS NOTES - MEDICAL

Client Name:

Billy Nelson

DATE	PROB. #	NOTES
4/12/83		Doing fine. Affect remains flat + mood somewhat depressed. Rather inactive at home where she spends most of the day watching TV. Stimulation is practically nil. Voicing no special complaints.
		Rx: R.T.C. VIII wks arranged
6/2/83		Doing about the same. Still isolated + reluctant to get involved in activities provided by the Agency. Talked to her about it + has agreed to start going to the Day Activity program. Doing well on hallucinations.
		Rx: Community Activity Prog R.T.C. XII wks arranged
6-7-83		Reported sent to social club Billy Nelson